MINISTRY OF HEALTH

DEPARTMENT OF HEALTH FOR SCOTLAND

Report of the Working Party on the Training of District Nurses

LONDON
HER MAJESTY'S STATIONERY OFFICE
1955
PRICE 1*s* 3*d* NET

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Secretary—Miss J. E. CHAPPLE,
(Ministry of Health).

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* Alderman Steventon has been unable owing to illness to attend any meeting beyond the first meeting of the Working Party and has not therefore signed the Report.

To:—The Rt. Hon. IAIN MACLEOD, M.P., Minister of Health.

The Rt. Hon. JAMES STUART, M.V.O., M.C., M.P., Secretary of State for Scotland.

INTRODUCTION

GENTLEMEN,

1. We were appointed as a Working Party in November, 1953, with the following terms of reference:—

> "To consider what training it is desirable that registered nurses and enrolled assistant nurses respectively should undertake prior to their employment on home nursing duties, and the means by which such training should be provided."

2. We have met ten times, covering thirteen days during six of which we have taken oral evidence. We invited a number of organisations to give us information and their views on matters within and relating to our terms of reference. The names of those who did so in writing and orally are recorded in Appendix I to the Report. We obtained information also from local authorities individually. We wish to record our thanks to the organisations, the local authorities, their Medical Officers of Health, their district nurses, and other members of their staff for their ready co-operation.

3. Prior to the coming into operation of the National Health Service Act, 1946, and the National Health Service (Scotland) Act, 1947, district nursing was a service almost entirely maintained by voluntary agencies, and witnesses were unanimous in paying tribute to the invaluable work in this respect which has been done for so many years by the Queen's Institute of District Nursing and the Ranyard Nurses. We associate ourselves wholeheartedly with this tribute.

4. By placing a duty on local health authorities to provide a home nursing service, the Acts created an entirely new situation. We deal with the present position more fully in our Report; we would only say here that it is clear to us that, for the discharge of their responsibilities under the Acts, local health authorities wish to take a greater part in the training of home nurses, that they are not all in agreement with the methods and practice of the voluntary agencies but that they wish the training schemes they provide to conform to a nationally recognised standard.

5. We had hoped to submit recommendations with which all our members would feel able to agree. This has, unhappily, proved impossible but we hope that the scheme we put forward while allowing freedom for experiment will provide a framework within which all can co-operate so that the knowledge, experience and traditions of existing training bodies are not lost and a high standard of district nursing is maintained.

CHAPTER I

HISTORICAL

6. The Queen's Institute is a body corporate constituted by Royal Charter in 1889 under the title of the Queen Victoria Jubilee Institute for Nurses, the name having been altered to Queen's Institute of District Nursing in 1928. The main objects of the Institute are

"(i) The training support maintenance and supply of women to act as nurses and midwives for the sick poor and the undertaking of preventive and supervisory work for securing their health and the health of their children.

(ii) The establishment (if thought fit) of a home or homes (including a training home or training homes) for such nurses and midwives and of a maternity hospital or maternity hospitals for the instruction of such nurses and midwives in midwifery and a clinic or clinics for their instruction in child welfare.

(iii) The co-ordination and supervision of centres for any of the aforesaid purposes and generally the promotion and provision of improved means for nursing the sick poor and securing their health and the health of their children.

(iv) To co-operate with other Corporations bodies and persons in carrying out any of the above objects with power to make grants of money to such Corporations bodies and persons in furtherance of such objects".

The work of the Institute has, in the main, been carried out through voluntary nursing associations.

7. The Ranyard Nurses, founded in 1868, is the title given to the nursing branch of the Ranyard Mission founded by Mrs. Ranyard in London in 1857. Their aim is "To give skilled nursing to the sick in their own homes. To educate the family by enlisting their help where practicable. By advice and example to teach the principles of positive health". The Ranyard Nurses work mainly in the South East and the South West districts of London.

8. Before the National Health Service Acts came into force, local authorities had power to contribute to the funds of nursing associations. They could employ nurses in home nursing for the purpose of visiting cases of infectious diseases—but they had no power to provide a comprehensive domiciliary nursing service. District nursing was largely in the hands of voluntary local nursing associations, most of them affiliated to the Queen's Institute of District Nursing.

9. When, however, the Acts came into operation on 5th July, 1948, the position was radically changed in as much as Section 25 of the Acts placed upon local health authorities the duty of providing a home nursing service, either by the direct employment of nurses or through agency arrangements with voluntary organisations. As a result of arrangements made by some authorities, and also of independent decisions of nursing associations themselves, some nursing associations ceased to function on that date and others have since ceased to do so, their nursing staff usually entering the direct employment of local health authorities.

10. Arrangements which existed before 1948 for the affiliation of district nursing associations to the Queen's Institute continued in respect of those organisations providing a home nursing service as agents of local health authorities. New arrangements were made whereby local health authorities who proposed to provide a direct service and to employ Queen's Nurses could become members of the Institute. The purpose of membership was broadly the same as of affiliation—to enable the Institute by means of visiting to assure local health authorities that the standard of the work of the Queen's Nurses and standard of nursing care was maintained at a high level, to make possible the maintenance of the Queen's Roll, and to encourage the recruitment of district nurses.

11. As a result of these arrangements 79 of the 145 local health authorities in England and Wales were in membership with the Queen's Institute at the end of 1953 and 42* were connected with the Institute through the 66 voluntary organisations providing a home nursing service as agents of the authorities.

12. In Scotland the arrangements are different and there is no formal membership of local health authorities with the Scottish Branch of the Institute. At the end of 1953, all the 55 Scottish local health authorities were associated with the Institute, 15 of them working through 16 nursing associations in affiliation with the Institute.

13. At 31st December, 1953, the numbers of district nurses employed were as follows:—

	England and Wales	*Scotland*
(*a*) Total number employed full and part time in the home nursing services excluding students:—		
(i) directly by local health authorities	6,815	945
(ii) by voluntary organisations acting as agents of local health authorities...	2,388	378
(iii) Total...	9,203	1,323
(*b*) Number of nurses included at (iii) above who were:—		
(i) Queen's Nurses	4,032 (44%)	1,088 (82%)
(ii) Ranyard Nurses	88	—
(iii) Enrolled Assistant Nurses... ...	1,464	4

Over 4,000 district nurses in England and Wales had no special district nursing training, that is about 50 per cent. of the registered nurses in the home nursing service.

Only 361 of the enrolled assistant nurses were working full time in the home nursing service; the remainder were for the most part engaged as district nurse/midwives in county areas.

* Two of the local health authorities included in this figure are also in membership with the Institute in respect of those parts of their areas in which they directly employ district nurses.

Ranyard Nurses, as agents of the London County Council, employ some 20 per cent. of the total district nursing staff engaged in the Council's home nursing service.

14. Although Section 25 of the Acts does not impose an express duty on local health authorities to make arrangements for the training of district nurses, it is implicit in their responsibilities for providing a service that they should ensure that their nurses receive such training as may be requisite for the proper maintenance of that service.

15. The existing training provisions consist in the main of training provided under the auspices of the Queen's Institute. In England and Wales the Institute recruits nurses for district nursing but does not itself train district nurses; this is done through the affiliated nursing associations or member local health authorities. In Scotland, however, the Institute is the only body which undertakes district nurse training. The course of training lasts six months for the registered nurse (or four months for nurses who are health visitors, midwives, nurse teachers, or district nurses with at least 18 months' experience in home nursing) and is undertaken in one of the training homes approved for the purpose by the Institute. The Institute achieves uniformity in training through the examination of the student district nurses, the successful nurse being admitted to the Queen's Roll; it maintains the standard of training by periodical inspection of the approved training centres. The Institute keeps a roll of Queen's Nurses and requires a periodical report on each one employed. Queen's Visitors visit and report on the work of Queen's Nurses but, in the main, reports are submitted by the local Queen's Superintendent with the permission of the employing authority. The Institute has also arranged a three months' course of instruction for enrolled assistant nurses employed in the domiciliary field. There is no training of enrolled assistant nurses for district work in Scotland.

16. Ranyard Nurses, as agents of the London County Council, recruits, trains and employs nurses for district nursing, although occasionally other local authorities make arrangements with them for nurses to undergo training. It prefers to accept nurses for training who have taken Part I of the midwifery training course and the present length of training is 4 months. The pattern of training is similar to that of the Queen's Institute and the two organisations work in close co-operation, sharing some lecture facilities. There is one training centre—at the Headquarters of Ranyard Nurses. An examination is held at the end of training and the Ranyard Badge and Certificate of Training is awarded to successful candidates. The Ranyard Superintendents are responsible for the maintenance of the standard of work of the Ranyard nurses. There is no specific course of training arranged by Ranyard Nurses for the enrolled assistant nurse who wishes to take up district nursing, but she works under the special supervision of a senior Ranyard nurse for an introductory period of one month.

17. It is open to local health authorities to make arrangements for home nurses to be trained under the above provisions or under their own schemes of training, and Newcastle County Borough Council has since 1950 provided a scheme of training of 3-4 months.

CHAPTER II

RECRUITMENT OF DISTRICT NURSES

18. We have kept in mind the shortage of suitable women for recruitment to the professions in general and to the nursing profession in particular.

19. Part-time nurses are already extensively employed in the home nursing services of local health authorities and are likely to be employed in still greater numbers if the services are to be maintained and extended. These part-time nurses include many married women who gave up active nursing on marriage but found themselves in later life able to resume part-time nursing. The imposition of any age limit for acceptance for district nursing training would for this reason deprive the district nursing services of a source of valuable skill and service and would impose an undesirable limit on the field of recruitment.

20. We are agreed that in the domiciliary nursing field there is work for assistant nurses acting under nursing supervision and scope for their more extensive use.

21. We have given consideration also to the position of the male nurse in the home nursing service and we are of the opinion that his employment is a desirable part of the service. It should, however, be in populous areas where his patients can conveniently be selected.

THE NEED FOR DISTRICT NURSING TRAINING

State Registered Nurses

22. The state registered nurse who takes up district nursing is already trained in the nursing of sick persons, and in a number of areas nurses (amounting to about 50 per cent. of the total in England and Wales) who have received no special district training are working effectively as district nurses, carrying the same responsibilities for the care of their patients as their specially trained colleagues. It has been submitted to us, however, that special training enables a nurse to become efficient in district nursing more quickly. She needs instruction in the adaptation of her hospital nursing technique to nursing in the home, experience in the nursing of illnesses she may have met infrequently in hospital, sufficient knowledge of the social services to enable her to recognise when other services might be introduced for the benefit of her patient and, perhaps most important, further experience so that she may meet more confidently the responsibilities of a district nurse. Local health authorities employing nurses who have not had special training usually give them closer guidance and supervision during their first weeks of employment than they give to specially trained district nurses.

23. We recommend, therefore, that some measure of district nursing training is desirable for state registered nurses taking up district nursing. We do not want to see disturbed the employment of those district nurses who, although they have had no special training, are carrying out their duties on the district to the satisfaction of their employing authorities, but we hope that in due course all district nurses entering the service will have been trained to a national standard.

State Enrolled Assistant Nurses

24. There appears to be little difference between the duties of the assistant nurse in hospital and the duties of the assistant nurse in the home. Both work always under the guidance of a registered nurse and for this reason special training for home nursing is unnecessary. But it is desirable that the assistance nurse should be guided in adapting herself to nursing in the home, and we recommend that on entering district nursing she should work for a period under special supervision.

CHAPTER III

TRAINING

Pattern of Training

25. Recent years have shown developments which determine the appropriate future pattern of district nursing training.

26. Since the introduction of the National Health Service in 1948, local health authorities have been responsible for the provision of a home nursing service as part of the general provision of health services in their areas. As a result the district nurse no longer works in isolation but is a member of a team responsible to the authority for the care and welfare of patients. She has by this means the benefit of regular contact with her colleagues working in other public health fields. Her tuition in respect of other public health services need therefore be no more than introductory, sufficient to help her to make her full contribution to the team. Moreover, she is subject throughout her work as a district nurse to the overall supervision of the local health authority and there is therefore no need to prolong the period of supervised experience which forms part of her training, or for her to be visited by the training body after her qualification as a district nurse.

27. The new general nursing training syllabus introduced by the General Nursing Councils for England and Wales and for Scotland gives greater recognition to a patient's whole needs, physical, mental and social. In England and Wales, it has been published for more than two years, and became compulsory in 1954. In Scotland, it came into force a year later. It has been suggested to us that there should be no alteration in existing district nursing training until the full effect of this revised syllabus is known or until experiments have been carried out in the integration of general and district nursing training. We feel however that a decision on this matter should not be deferred. The Councils recommend that the social and public health aspects should be considered throughout all sections of the new syllabus and not taught as separate subjects. The registered nurse coming to district nursing therefore will have some knowledge of the social and welfare services and of their place in the care of the sick. This knowledge will be constantly added to in the course of her daily work. We understand also that arrangements whereby student nurses will gain experience of nursing long-term patients, tuberculous and geriatric, for example, are being introduced into general nursing training on an increasing scale, and that arrangements for the assignment in hospitals of a small number of patients to a group of nurses are being extended. As these arrangements develop, it will follow that registered nurses will enter district nursing training with some experience of nursing long-term illnesses and of working as members of a team, and will need less special training.

28. The nature of the work of the home nurse is undergoing a change. One important factor is that, as the standard of living conditions improves, she is required to make less improvisation in nursing a patient in his own home.

29. In almost all areas from which we obtained information* much of the home nurse's work was shown to be in the care of elderly patients, many of them acutely ill, and of chronic sick. The present emphasis on keeping old people in their own homes as long as possible will inevitably increase this side of the home nurse's work. The state enrolled assistant nurse has here a special contribution to make to the home nursing service, in that some of the care which these patients need does not call for the constant high skill of the state registered nurse.

30. Other factors contributing to the change in the district nurse's work are the recent advances in medicine (necessitating injection therapy, particularly the increasing use of antibiotics) the early discharge of patients from hospitals and the increasing trend to treat patients in their own homes rather than in hospital. Her patients now include a greater number of those who need injections† or are acutely ill or require post operative care—all calling for nursing techniques with which her previous training will have made her familiar.

31. All these developments point to a conclusion that effective training for the application of a student's nursing skill and knowledge to nursing in the home ought not to require so long a period as hitherto.

32. The major part of her training should be practical and directed towards adapting her hospital techniques and widening her experience. Her theoretical training should be kept to a minimum, but it should be such as to give her a basic knowledge of health, welfare and social services, to help her to serve as a full member of a team of public health workers and to effect liaison with the general practitioner, to advise patients and their relatives on the care of the immediate illness, and to recognise when and by what means other services should be called in for her patient's benefit. It should include for instance lectures on illnesses the nurse is likely to meet most often in the home nursing service, the special needs of the aged, the infirm and the long-term sick, the importance of the patient's family in the nursing of illness, the main provisions of welfare and social services, the administration of the home nursing service and district management. This list is not exhaustive: it will need to be added to according to the needs of individual students.

33. It is important that the content of both the practical and the theoretical training should be capable of adaptation to meet the needs of the individual nurse. For example, the nurse who has had special experience in the care of old people will clearly need less tuition in this aspect of home nursing than another student who has worked particularly with children. It would be for the course tutor to adapt the content of training to the needs of her individual students according to their experience and aptitude.

34. In its early stages training should include demonstrations at the training school and experience in the patient's home. The student should be introduced to nursing on the district as early as possible in her training. During the first weeks we would expect her to be working under the

* We invited district nurses in nine county and county borough areas to keep detailed diaries of their day-to-day work for a period of seven days to help us in forming a picture of the work of the district nurse. Fifty-two completed diaries were received and similar information was received from a further eight areas.

† One example quoted to us of the striking increase over the past few years in the number of injections given by district nurses shows 51,100 injections in 1950 and 92,600 in 1953.

close guidance of an experienced district nurse, the degree of supervision gradually being reduced until during the last few weeks of her training she will be in sole nursing charge of her own patients. In this way the student gives useful service to the training authority—but it is important that the training should be related to the needs of students rather than to the immediate needs of a local health authority's home nursing service.

35. Regular visits of observation to other parts of a local authority's health and welfare services should form part of the initial training, and indeed should continue throughout the district nurse's career.

36. Lecturers should include officers of local health authorities, and also general practitioners whose inclusion among the lecturers will help to foster the spirit of co-operation in the service. Co-operation between home nurses and general practitioners is generally of high order and as in other public health fields should continue to be encouraged. We do not, however, suggest in any way that the home nurse should be an ancillary to the general practitioner in his own surgery.

37. We assume that the district nurse taking up work in a rural area will have some form of introduction to the district but nonetheless it is recommended that a short period of experience in a rural area should wherever possible be included in all district training.

38. The views of witnesses have varied on the advantages of study days as compared with block periods of training. The latter gives continuity of training for the student; but on the other hand many students, particularly those who have been away from training for some time, find study days to be more satisfactory. On balance, we feel that this matter is best left for the individual training authority to decide in the light of local circumstances. If, however, study days are adopted, it is essential that the student should be relieved of any district nursing on these days.

Length of Training

39. The views we received as to the desirable length of district nursing training varied widely. On the one hand there were a number of organisations who saw no reason for any alteration in the existing period of training; on the other there was a substantial feeling that adequate training could be given in a shorter period. The views of those bodies we consulted are set out in Appendix II to the Report. It is obvious that only an unduly long period of training will introduce a district nurse to every situation and illness she will encounter during the course of her work; she will be continually acquiring further knowledge and experience. What we have sought to assess is the minimum period of training that will equip her to assume readily the duties expected of her, to carry them out with sympathy, understanding and efficiency and to maintain a high standard of district nursing. We are confident that a period of training of four months is sufficient so to equip a registered nurse. We have examined draft syllabuses for three months and four months and existing syllabuses of district training for the state registered nurse without additional qualifications or experience, and we are satisfied that during a period of four months the training we have suggested in the preceding paragraphs as desirable can be covered and adequate time left to enable the content of training to be adapted to meet the needs of the individual nurse.

40. The registered nurse who is a health visitor or a midwife or who has had district nursing experience will have become acquainted by reason of her training or experience with certain aspects of district nursing; for example she will be used to visiting persons in their own homes and she will have

knowledge of preventive medicine and of the social and welfare services of local authorities. She will not therefore need training in these aspects of district nursing to the same extent as the registered nurse without this further experience, and we are satisfied that a period of training of three months is sufficient for registered nurses who are qualified health visitors, state certified midwives or nurse teachers, or who have had at least 18 months' experience in district nursing.

41. We have felt it unnecessary to define the length of the period of special supervision which should be given to the state enrolled assistant nurse on taking up service on a district. Throughout her service she will work under the guidance of a registered nurse, and we feel that it is best left to the nursing superintendent to decide, according to the aptitude and experience of the assistant nurse, when she no longer needs close supervision.

Examinations

42. Most of those who gave us information submitted the view that a national examination at the end of training was essential to achieve a nationally-recognised standard of training.

43. A regular assessment of a student's progress throughout her course of training should enable a training authority to judge her standard of work at the end of a course, and should form an integral part of a training scheme of this kind. But we recommend that in addition there should be a national examination to be taken by all students. The passing of the examination will give the nurse the satisfaction of having reached a nationally-accepted standard of district nursing training, and will assure employing authorities of the nurse's competence.

Refresher Courses

44. To ensure that a high standard of district nursing is maintained, it is important that the district nurse should be kept abreast of any developments affecting the service. This will be met in part by the nurse herself in her day-to-day contacts and by the visits of observation referred to in paragraph 35. But it would be of benefit to her and to the home nursing service generally if she were to attend refresher courses from time to time, and we recommend that every district nurse should attend a refresher course of not less than five days' duration at intervals of not more than five years.

CHAPTER IV

THE PROVISION OF TRAINING

45. In considering the means by which district nursing training should be provided, the main points we have had in mind are the demand for a nationally recognised standard of district nursing training, the wish of local health authorities to be free to provide their own schemes of training conforming to a national standard, and the desire that the knowledge and experience of the Queen's Institute of District Nursing and Ranyard Nurses should not be lost to district nursing training.

46. We have been impressed by the general desire expressed by our witnesses for a nationally recognised standard of district training and for a national certificate that the course of training has been successfully completed, and we think that this desire should be met.

47. We have considered whether the responsibility for district nursing training should come within the aegis of the General Nursing Councils. The present constitution and function of those bodies are not such, however, as to enable them to fulfil the needs of district nursing training as we have found them, although we think that the possibility of associating the Councils with district nursing training might be considered at some future date depending on the trends in basic nursing training.

48. It has been suggested to us that the setting up of a statutory executive body is necessary in order to achieve a national standard of training—the body to be responsible for the syllabus of training, the approval of schemes of training and the setting and conducting of examinations. We have considered this suggestion in detail and cannot commend it. It would, it is true, ensure a national standard of training but the effect would go far beyond what we consider to be necessary or desirable. The needs of the situation do not in our view call for such detailed control from the centre, and the system would be too elaborate to project training on the scale we have recommended. Moreover, it would have what we would regard as the regrettable effect of depriving the Queen's Institute and Ranyard Nurses of the major part of their functions in the field of district nursing.

49. We agree with the view of most of our witnesses that any future arrangements which may be devised should leave the way clear for the Queen's Institute of District Nursing and Ranyard Nurses to continue to play an important part in district nurse training. The recommendation we set out in the following paragraphs ensures that the Institute could retain the major part of their existing functions in regard to district nursing training and could continue in the same relationship as at present to its member authorities and affiliated associations. At the same time our recommendation would not effect the local health authority's liberty to provide its own scheme of training independently if it so wished.

50. It seems to us, and we recommend accordingly, that a nationally recognised standard of district nursing training would best be effected by setting up a Central Committee whose function it would be to issue a syllabus of training for the 4 and 3 months' periods we have recommended, periodically to set examinations and to advise the Minister on matters relating to district nursing training. We suggest that the Committee should comprise 12 members appointed by the Minister after consultation with such bodies as appear to him to be concerned, as follows:—

5 representatives of local health authorities
5 nurses
1 general practitioner
1 educationalist

Members should include persons with knowledge of district nursing and of training and we assume that nominees of local authority associations would include Medical Officers of Health. By an "educationalist" we have in mind someone who is an expert in education independent of district nursing and its training, for example, a Director of an Institute of Education.

51. There seems at the present time to be no need for a Committee of this kind in Scotland. If however at some future date it should be decided that the Committee whose membership and functions we have recommended in the preceding paragraph should advise also the Secretary of State for Scotland in matters relating to district nursing training, the membership will need to be increased proportionately.

52. Local health authorities who wished to have their nurses trained to the national standard would submit their proposals to the Minister who would seek the advice of the Committee on them. The Committee would satisfy itself that the syllabus of training and the provision of training

facilities reached the desired standard and would advise the Minister accordingly. They would have available to them the reports of inspecting officers appointed by the Minister. They would subsequently satisfy themselves that the standard of training was being maintained. A local health authority might carry out an approved scheme itself, or through the agency of the Queen's Institute or through Ranyard Nurses. Local health authorities should include in their training schemes submitted to the Minister arrangements for the local conduct of examinations set by the Committee. Where the authority is not in membership with the Queen's Institute or affiliated to them, or in arrangement with the Ranyard Nurses, these examination arrangements might for instance be with the local University staff and the staff of adjoining local authorities, or by invitation to the Queen's Institute even though the authority were not in membership with or affiliated to them.

53. On successfully completing a course of training approved under these arrangements a district nurse should be issued with a certificate to this effect. This certificate would be important to indicate to local health authorities that a nurse is fully trained as a district nurse and to open the way to district nurses to employment in any part of the country.

54. We also recommend that the Committee should, say at 3 yearly intervals, review the period of training necessary for a district nurse, in the light of experience as to the efficiency of the nurses produced by the training and of developments in other fields, in particular in the training of registered nurses, and advise the Minister accordingly.

55. In conclusion, we wish to record our appreciation of the work of our Secretary. She has met with readiness and tact the many calls we have made on her, and the very able way in which she has carried out her duties has greatly helped us in our task.

I. F. ARMER (*Chairman*).
GEO. CANTY.
MARY F. CARPENTER.
T. M. CLAYTON.
E. COCKAYNE.
M. H. COOK.
A. R. CULLEY.
D. EGAN.
G. MATTHEW FYFE.
M. O. ROBINSON.
WINIFRED SHUTT.
STANLEY THOMAS.
*JULIA E. TRELEAVEN.
W. S. WALTON.

J. E. CHAPPLE (*Secretary*).
June, 1955.

RESERVATION BY MISS J. E. TRELEAVEN

I do not agree with the recommendation that a sufficient period of training in district nursing would be four months for the state registered nurse and three months for the registered nurse who is a qualified health visitor, state certified midwife or nurse teacher, or who has had at least eighteen months' experience in district nursing. In my opinion, based on practical experience, a four months' course in district nursing is the minimum in which to prepare adequately all categories of registered nurses for this work. In the view of the Ranyard Nurses, five months would be an advantage for the state registered nurse without additional qualifications or experience.

JULIA E. TRELEAVEN.

* Signature subject to the appended Reservation.

To:—The Rt. Hon. IAIN MACLEOD, M.P., Minister of Health.

The Rt. Hon. JAMES STUART, M.V.O., M.C., M.P., Secretary of State for Scotland.

GENTLEMEN,

1. It is with sincere regret that we find ourselves unable to sign the Majority Report of the Working Party on the Training of District Nurses and we therefore feel compelled to present to you this Minority Report.

2. For many years the desire of district nurses and of those concerned with their training has been that the Minister should approve a training for district nurses which would thus be officially recognised.

3. Throughout the deliberations of the Working Party we have been in general agreement with our colleagues on most of the items under discussion including the important matter of the content of the training which it is desirable that state registered nurses and registered general nurses should have prior to their employment on home nursing duties.

4. We are agreed on the purposes of theoretical training mentioned in paragraph 32 of the Majority Report and with the statement that theoretical training should be kept to a minimum.

We are agreed on the content of training as recommended in paragraphs 32 to 37 inclusive. Indeed it is relevant to state that the courses of district nurse training at present organised by the Queen's Institute and the Ranyard Nurses differ little from the recommendations regarding lectures, demonstrations and visits of observation, contained in the Majority Report.

5. We are unable to agree that the minimum period of training allowed by the Majority Report is sufficient to carry out the programme which it recommends and to equip the district nurse to carry out the duties expected of her with understanding and efficiency and to maintain existing high standards.

6. The lengths of training of six months for the nurses who are state registered and four months for those who are also health visitors, or midwives, or who have had at least 18 months district nursing experience, are considered by us to be the right lengths in which to carry out the theoretical and practical training which all members of the Working Party agree to be necessary. To cut down these periods to four months and three months respectively as recommended in the Majority Report can, in our opinion, be done only by the omission of essentials. In fact we feel that such a suggestion is unrealistic.

7. It is our sincere desire that all district nurse training whether given by individual local authorities, by the Ranyard Nurses, or by the Queen's Institute, should be equally recognised by all those bodies. We should deeply regret any differences in standards and status which varying lengths of training would cause.

8. We feel strongly that more attention should be paid to the results obtained in practice by such a body as the Queen's Institute of District Nursing. This body has evolved its methods of training in the course of generations of experience. On its Committees and staff are members of the medical and nursing professions who have wide knowledge and practical experience of all the problems involved. To meet the changing trends in district nursing practice the Institute has from time to time made alterations

in its syllabus in consultation with Medical Officers of Health, Superintendents of District Nurse Training Centres, Superintendent Nursing Officers, and any other persons, medical or lay, whose advice appeared to be needed. The last major revision in the content of its training was made in 1949 with minor adjustments in 1952. As stated in paragraph 4 its present syllabus is approximately the same as that recommended in the Majority Report. In making these revisions and adjustments the Institute has borne in mind the minimum need of both practical and theoretical tuition and the background of training and experience of trainees on entry. It is in no sense doctrinaire in its methods ; its practice which has been based on its experience of training nurses for work in all areas has been adapted as circumstances have required.

The length of training has been altered by the Queen's Institute from six months to four months for state registered nurses and registered general nurses as follows : —

1930—for nurses holding the health visitors certificate.

1950—for existing district nurses with 18 months' experience of district nursing.

1952—for those who are state certified midwives.

The six months' training for the registered nurse without the above qualifications has remained unaltered.

9. Since 1952 and during the deliberations of the Working Party further serious consideration in the light of experience has been given by the Queen's Institute to the length of training necessary. This has strengthened the conviction that these periods are a minimum. Reduction would not be possible without reducing the practical experience which, with guidance and supervision during training, is considered the most important part. By such guidance the nurse is helped to apply the theory contained in the lectures to the nursing of her patients, and where necessary to give guidance to them or to members of their families, when questions arise which call for the help of other welfare and social services.

A reduction of the training period to four and three months respectively would not allow for this part of practical training nor for sufficient graduated experience for the nurse to gain the confidence required for her special responsibilities.

A trained district nurse has, over the years, meant to the public and to the medical profession, someone who could be trusted to carry out efficiently skilled nursing procedures and to cope with the most difficult home conditions, and with a heavy list of work when necessary. We do not consider that a four and three months' period would enable her to meet with confidence the responsibilities she will be called on to undertake when she is working on her own.

10. We are well aware that it is futile to discuss length of training without consideration the pattern of training, and the practical difficulties involved in giving it. We do not doubt that a certain number of lectures and demonstrations, ostensibly covering the syllabus required, can be given in four, three or even two months instead of in six ; but we feel that such high pressure methods are undesirable and harmful. This, as we understand it, is an elementary principle in educational theory and practice. Time must be allowed for proper assimilation of new knowledge and techniques and for their integration with existing ideas and procedures.

11. The reasons advanced for recommending the shorter periods are stated in paragraphs 26 to 30 inclusive of the Majority Report. From our knowledge of district nurse training and service we are unable to accept these reasons as justifying such reductions. In support of our views, we make the following comments on the reasons for recommending reductions which the Working Party has made in its Majority Report.

(*a*) (Para. 26) It is stated that since the National Health Service Act came into force the district nurse no longer works in isolation, but is a member of a team responsible to the authority for the care and welfare of patients, and she therefore needs only an introduction to other public health services.

Although it is true that under the National Health Service Act district nursing is linked with other services as a responsibility of local health authorities, we feel that the nurse's introduction to the other public health services should be systematic and not left to chance. We consider that time during training should be allowed for the student to see how the public health and other services for care and welfare are applied practically to the families in whose homes she is nursing. She should have time to pay sufficient observation visits to see at least once, each of such services. All this is necessary if she is to play her part successfully in the team, as for this purpose she should be well aware of what her colleagues, the health visitor and welfare workers, do. There is no suggestion that she should replace them. It is, however, easy to over-emphasise the extent of team work, and to exaggerate the number of cases in which such work is possible. It is common knowledge that in rural areas the district nurse must be largely dependent on her own initiative and resources.

(*b*) (Para. 27) We are in agreement that the General Nursing Council's new general nursing training syllabus may show some effect by 1957 and probably after that date will increasingly include a greater awareness of a patient's whole needs. It has yet to be seen to what extent those who are trained on the new syllabus will be better fitted for district work. The syllabus states that a minimum of four lectures are to be given on the social aspects of disease but that visits in the domiciliary field are only optional. The facts at present are however (although the syllabus has been published for more than two years) that out of 279 nurses now taking Queen's training, only 48 had visited homes with district nurses or seen any other public health work while training in hospital.

It is not unusual for students who are trained in one environment—in this case hospital—to fail to see the value of teaching which is less relevant to it than to other circumstances which they will meet later. It is very different when the nurse is being trained in the midst of work on the district and realises from daily experience the urgency of the problems which have to be faced. We are prepared to agree that experience may show that nurses trained under the new syllabus need less training for district work; but that has yet to be demonstrated; and no evidence was adduced to show that such is now the case. Indeed, we have no reason to think that such evidence at present exists. We feel that an experiment based on such insecure foundations is unjustified. The same considerations apply to schemes for case assignment in hospitals and to other projects which are at present in the experimental stage.

Some nurses have hospital experience in geriatrics and the Majority Report gives this as a reason for reducing district nurse training. But the fact is that very few hospitals second these student nurses for geriatric nursing experience, and only a small percentage of the hospitals undertaking training

for the state register have wards allocated for geriatric patients; (it is the state enrolled assistant nurse who is getting the geriatric experience during hospital training). The nursing of tuberculous patients by student nurses in hospital is mentioned as being introduced on an increasing scale but this is still optional and only a proportion of state registered nurses entering for district nurse training have had experience of such nursing. We therefore think reduction of training for these reasons is unwise.

(*c*) (Para. 28) A factor mentioned in the Majority Report as justifying a reduction of training is that improved standards of living conditions lessen the need for improvisation in nursing a patient in his own home.

Such a contention we suggest ignores much of the everyday experience of district nurses now in practice. Although conditions have improved, and continue to improve in many areas, it must not be forgotten that unsatisfactory housing still exists in rural areas and in those older and more congested areas which forms so large a part of towns and cities. In this matter observation and experience are supplemented by the more precise survey in the Census of 1951 as to the lack of amenities in homes. Information obtained from reports of Medical Officers of Health for 1953 show that one populous county alone still has in its urban and rural areas sanitary accommodation of the following types:—

20,167 pail closets
10,643 privy closets
8,654 privy middens

In another county, in one area there are 204 houses with main water supplies and 3,516 houses which have only springs and wells for their water supplies, while in another area of the same county 779 houses are dependent on stand pipes.

In yet another county, out of 504,021 occupied houses in urban and rural areas, 5,080 are unfit for habitation and a further 23,164 houses are not in all respects reasonably fit for habitation.

District nurses have to work in these houses and also in caravans, old army huts and shacks permanently occupied and it is during district nurse training that they are taught how to adapt their skill to such conditions.

Out of 739 nurses who completed Queen's training in 1954 for work in England, Scotland and Wales, 341 went immediately after training to work in county areas, many of them to isolated rural districts. In towns and cities unsatisfactory living conditions are still to be found. District nurses have to adapt themselves mentally and physically to surroundings totally different from those in hospital.

Housing and living conditions however, are not the only things that are changing, and procedures which seem simple in hospital may be very difficult to apply even in the best equipped homes. There is, in fact, no change in the need to teach hospital nurses the improvisations they must make when working in the home, with regard, for instance, to the sterilisation of equipment, instruments and dressings.

(*d*) (Para. 29) With regard to the elderly, many of whom are admittedly acutely ill, we cannot agree that a lower standard of skill is needed for their care than for other classes of the community. In so far as the elderly fall into the group of chronic sick, whose care—whatever their age—does not require a high degree of nursing skill, or does not require a nurse at all, this calls for better use of personnel, including lay helpers.

(e) (Para. 30) The Majority Report mentions the great increase in the number of injections given by district nurses and the increasing trend for patients to be nursed at home when they are acutely ill or requiring post-operative care after early discharge from hospitals. These trends are mentioned as reasons why the training of district nurses should be shorter. They seem to us to point to quite the opposite conclusion. There is more need than formerly to teach student district nurses about methods of injection therapy suitable for use at home and to teach them how to instruct the patient or relatives to give injections in appropriate cases. It must be remembered that many of these patients are seriously ill, and need other care and attention.

It is not uncommon for matrons to complain that modern conditions in hospital do not allow of giving nurses adequate training in bedside nursing. Those responsible for district nurse training also state that they need to spend more time than formerly on teaching nurses from hospital details of nursing care as they come from hospital with less experience of nursing acutely ill and dying patients.

12. The above are the developments which the Majority Report mentions as pointing to the conclusion that training should not require so long a period as hitherto. None of these seem to us valid reasons to justify the reduction from six and four months to four and three months as lengths for district nurse training, or indeed to justify any reduction at all.

We are at a loss to understand why there is a desire to diminish the periods of training which experience has shown to be necessary and are unable to discover why such importance is attached to this, particularly at a time when other nursing training periods tend to be lengthened.

The process of training is essentially an educational one. Such processes impose their own conditions to which respect must be paid. In this case there is a wealth of practical experience on which to draw, and which in our opinion points conclusively against shortening of the course. This was emphasised in evidence given to the Working Party and particularly in that which came from senior nurses engaged in training and from nurses employed at work on the district.

We know that educational considerations have been kept well in mind by the Queen's Institute of District Nursing and that educational experts of the highest standing, in the persons of the Director, Department of Education, University of Oxford, the Professor of Comparative Education, University of London, and the Head of the Deparment of Education, University of Liverpool, are of opinion that the present periods of training of the Queen's Institute are not longer than are required on educational grounds.

13. As regards recruitment we are doubtful whether the suggested shorter training will have the stimulating effect which the Working Party desires, or whether nurses will prefer to take a training shorter than the present periods.

In our experience nurses, in the main, do not select the shorter courses when they have varying types and lengths of training from which to choose, as in the case of health visitor training courses. It is also well known that there is keen competition for places in hospitals which arrange a four year training period as compared with the three years required for state registration.

There has been an exceptional increase in recruits to district nurse training centres with the present lengths of training of six and four months duration.

Figures obtained for Great Britain only from the Queen's Institute of District Nursing are as follows:—

1951	*1952*	*1953*	*1954*
544	594	643	757

Practically all these students are sent by local health authorities who pay the cost of their training; the remainder are independent students or nurses sent from other countries.

We are not aware of any desire among nurses for shortening the period of training, but many have expressed regret that it was not longer. This is particularly the case with those students who must leave the Training Centre immediately after training for responsible work in rural areas.

In this connection it should be noted that the student district nurse receives only a training allowance during training which is appreciably less than her or his salary as a nurse.

14. Those who advocate a shorter training may be thinking of the needs of cities where supervisory help and advice are close at hand after training is completed. The objective should be to prepare district nurses who after training are competent and confident workers whether such help is readily available or not.

15. A further reason put forward for reducing the period of training has been the hope that shorter courses would attract those district nurses in England and Wales who have had no special district nurse training.

We should point out that the majority of these nurses are married and many employed only part time, and because of their home commitments are unable to undergo any course of training. We do not therefore consider that the reduction of the period of training by one or two months would offer additional attractions to such nurses.

16. We should deplore the lowering of prestige at home and abroad which would inevitably result if district nurse training were condensed into so short a time, with such limited practical experience, as the Majority Report recommends. At present nurses sponsored by organisations abroad are sent to take six months district nurse training here without demur.

17. We have thought that perhaps the object in proposing shortened training is to reduce expenditure. If this is so, we feel it is ill-advised for the following reasons:—

(i) The training courses of six and four months are designed to give students actual nursing experience with gradually increasing responsibilities. For two-thirds of her training time the student nurses patients on the district, and thereby gives useful home nursing service to the training authority. This fact was taken into account when the relatively low fee payable by sending authorities (most of which are county councils) to the training authorities (the majority of which are in the county borough areas) was agreed.

If training were to be for only four and three months, in accordance with the recommendation of the Majority Report, the time for practical nursing experience would have to be drastically cut, and in the case of the three months' student would amount to very little. Training authorities would therefore find students of little use in their home nursing service and would need to increase their permanent establishment, the students being practically supernumerary, and sending authorities would presumably have to pay an increased training fee.

(ii) Student district nurses during training receive only a training allowance as mentioned above. When training is completed the district nurse receives a salary which is £60 per annum higher.

It is therefore more economical for a local health authority to have students, rather than trained staff.

We think, therefore, that a shorter training on the lines suggested in the Majority Report will not result in a saving of money either to sending or to training authorities.

Our motive, however, for opposing a reduction in a student's period of training is not for such economy but entirely to ensure her efficiency and to give her the necessary confidence which can be given only by experience of nursing patients in their homes under the guidance of a district nurse teacher.

18. We agree with the statement in paragraph 40 of the Majority Report that the health visitor or midwife or experienced district nurse does not need so long a period of training as the registered nurse who has not had such experience. In this connection we would point out that in the past five years (and since 1930 in the case of the health visitor) a reduction in the period of training for these categories of students has been made by the Queen's Institute.

Some lecturers and students have regretted even this reduction. Some health visitors, in particular those who have left hospital several years ago, regret that they cannot have longer time in which to gain more confidence in practical district nursing procedures.

19. The ned to revise the syllabus from time to time to meet the changing needs of district nursing is a matter of paramount importance.

It appears likely that there may be an extension in the nursing care of children at home instead of in hospital and also in the home nursing of mental patients formerly nursed in hospital.

The inclusion in the future of some instruction on both these subjects in the syllabus is likely to be needed. Periods of four and three months respectively for district nurse training are not only in themselves inadequate but allow no margin at all for variation or adjustment.

20. Of the 17 bodies which have submitted evidence to the Working Party:—

7 organisations suggest that there should be no change in the existing periods of four and six months of district nurse training.

1 organisation, the College of General Practitioners, expresses the opinion that district nurse training for the state registered nurse should extend to one year.

1 organisation, the Ranyard Nurses, advocates four months and five months, instead of three and four months.

4 organisations suggest a period of one or two years post-registration experience before then taking a shorter district nurse training.

4 organisations suggest a reduction in the existing training periods.

The bodies suggesting a reduction in the present length of training differed among themselves both as to the extent of the reduction and as to the requirements suggested before the commencement of district training.

The evidence submitted by the British Medical Association showed that, although it preferred the present length of six months if sufficient woman power was available, the Association is prepared to accept a minimum of four months' training, provided that candidates had had certain specified

post-graduate experience on a "case basis" of not less than one year. Its oral evidence made it clear that the Association would not, if given a free hand, take the initiative in the reduction of the length of training.

Those who suggested that the period of training should be of the existing length or longer, included not only the professional organisation representing general practitioners, but all the organisations with experience of training district nurses and those representing district nurses themselves. We have been surprised that the experience of the medical and nursing professions put at our disposal through the written and oral evidence has not been given more weight in the Majority Report.

In addition to the Queen's Institute and the Association of Queen's Nurses, four bodies which submitted evidence favoured the present arrangement of six and four months. These were the Association of Municipal Corporations, the Association of Scottish Hospital Matrons, the National Advisory Council for the Nursing Profession (Trades Union Congress) and the Society of Registered Male Nurses. A fifth body, the Royal College of Nursing, found it "difficult to make a hard and fast recommendation at the present time, since the full effect of the new General Nursing Council's syllabus of general training will not be seen for some time." This lends support to our opinion expressed above (para. 11). The Scottish Branch of the Royal College, however, is of opinion that a registered general nurse who is also a state certified midwife should have four months training as at present.

The Association of Municipal Corporations, in support of its proposal for six and four months, says that "district training involves much more than learning the adaptation of hospital nursing techniques. A good district nurse needs to acquire an understanding of the social and health needs of the patient and the family, to develop a personal interest in, and a sense of responsibility for, the welfare of patient, family and community. It is considered impossible, in less than the periods mentioned above, to develop this wider understanding of the patient's needs." These words, we feel, should be very carefully pondered by all, for in them is the essence of the problem, and the raison d'etre for district nurse training.

21. We submit that the periods of time which we have suggested are the bare minimum for gaining a modicum of the knowledge and experience required: and we feel that in this opinion we are supported by the long practical experience of the Queen's Institute and by the opinion of other bodies, as mentioned above. We realise that attention may be drawn to the large numbers of nurses who are doing district work without having had special training. These, it may be said, have learnt by the hard way of experience and are now giving satisfactory service. In the first place, however, evidence was given before the Working Party that the nurses themselves feel the need of training, and do not feel that the times which we recommend are too long; and secondly, learning by experience and without adequate training means, as was put to us in oral evidence by the Association of Municipal Corporations, learning at the expense of the patient. This is a method which that Association does not favour. We are sure that public opinion emphatically supports the Association. In our opinion the overriding consideration to be borne primarily and continually in mind is the welfare of the patient who should be given the best which the nursing profession can provide. Compared with this we cannot understand the importance attached to the cutting down of the period of training. This appears to us to serve no useful purpose. We consider it to be uneconomical and unfair to both patient and nurse.

22. The fixing of a time for training necessarily involves the working out of a syllabus which would show how the subjects agreed on as necessary could be covered in the time. Although as stated in para. 39 of the Majority Report, two draft syllabuses for shorter periods of time were compiled, each lacked, in our opinion, certain essentials either in theory or practice. One omitted lectures on welfare and social services which we consider essential, and the other cut down the time allowed for practical experience so drastically that the student would have to be almost entirely supernumerary. She would therefore have little opportunity of becoming responsible for her patients and their needs or of feeling confident to undertake the responsibilities of working on her own, particularly in a rural area.

23. We have borne in mind the womanpower shortage and the need to avoid using highly skilled nurses for work which could be undertaken by less skilled personnel.

This points to preparing district nurses adequately to undertake the more difficult tasks of district nursing and to deal with the social matters and health teaching which come within their province. It points also to the use of assistant nurses to help with district nursing work to the limits of their capabilities.

A training which fails to develop to the full both capacity for skilled work and ability to assume responsibility would be wasteful of womanpower.

Central Committee

24. In the Majority Report (para. 50) the setting up of a Central Committee is recommended, whose duties would be to issue a syllabus of training for the four and three months periods of training, and to set examination papers.

We consider that, as in other rules and regulations approved by the Minister of Health and as in other educational curricula, where the period of training is stated, the length should be given as a minimum, and the words "not less than . . . (in this case four and three months)" be used. Such words are to be found in the syllabuses of the General Nursing Council, the Central Midwives Board, and other bodies. We know of no syllabus of nurse training which lays down a period other than an obligatory minimum.

25. If this proposed Central Committee is set up and constituted as recommended in the Majority Report, there seems no guarantee that professional experts in district nursing will be appointed, although there is an assumption that *some* Medical Officers of Health will be included.

We would question whether it is appropriate or educationally sound for a syllabus to be issued or examination papers to be set except by professional experts.

26. We feel, as we have said, that insufficient weight has been given by the Majority Report to the evidence which the Working Party received in favour of a course of training of at least as long as that now arranged by the Queen's Institute. Had this been done no doubt recommendations could have been made with which that Institute would have been in full agreement.

We much appreciate, and fully endorse the tributes paid by our colleagues and by those who gave evidence, to the invaluable work and influence of both the Queen's Institute and the Ranyard Nurses; but the evidence thus afforded of this favourable attitude towards those bodies adds to our difficulty in understanding why their methods and practice should be regarded

with so little favour. We should have thought that every effort should have been made to understand the standpoint of those bodies and that a detailed and fully documented case would have been elaborated to show fundamental reasons for disagreement. We have already said that they are not doctrinaire in their methods; we know of no reason to think that they are averse to any change which can improve the education of the nurse and thus bring benefit to the patient. In particular we think it unfortunate that the proposal made by us to the Working Party for a four months' course for all nurses, with a further month for those who have no qualification beyond that of state registered nurse, was not further pursued. We feel that on those lines it might have been possible to formulate measures which would have been satisfactory to all concerned.

As, however, such a compromise has not proved acceptable to the majority of the Working Party, it seems inevitable that if their recommendations are implemented there will be in future less uniformity in district nurse training than there is at present. Some local health authorities may choose to set up short courses of training or wish to send the nurses they recruit to take such short courses, while other local health authorities will, presumably, continue with existing arrangements for a longer training according to the syllabus of the Queen's Institute. There is good reason to think that the nurses with whom, in the future as hitherto, the choice will rest, will themselves prefer the longer course. Although we regret this lack of uniformity, we sincerely hope that the good relations which exist between the local health authorities and the Queen's Institute will not, as a result of those differing types of training, be in any way disturbed.

E. J. MERRY

J. A. STRUTHERS

15*th June* 1955.

APPENDIX I

LIST OF BODIES WHO SUBMITTED MEMORANDA OF EVIDENCE AT THE INVITATION OF THE WORKING PARTY

Association of County Councils in Scotland.
Association of Hospital Matrons.
Association of Municipal Corporations.
Association of Queen's Nurses.
Association of Scottish Hospital Matrons.
British Medical Association.
*College of General Practitioners.
County Councils Association.
London County Council.
*Metropolitan Boroughs Standing Joint Committee.
National Association of State Enrolled Assistant Nurses.
Queen's Institute of District Nursing.
Ranyard Nurses.
Royal College of Nursing.
Royal College of Nursing (Scottish Board).
Scottish Counties of Cities Association.
Society of Medical Officers of Health.
Society of Medical Officers of Health (Scottish Branch).
Society of Registered Male Nurses.
*Society of State Enrolled Male Assistant Nurses.
Trades Union Congress (National Advisory Council for the Nursing Profession).

* The bodies shown above also gave oral evidence with the exception of those marked with an asterisk.

APPENDIX II

VIEWS OF THOSE BODIES CONSULTED AS TO THE APPROPRIATE LENGTH OF DISTRICT NURSING TRAINING FOR THE REGISTERED NURSE

The following organisations suggest that there should be *no change* in the existing periods of district nursing training, i.e. six months for the state registered nurse, and four months for the state registered nurse with certain qualifications or experience:—

The Association of Queen's Nurses;

The Queen's Institute of District Nursing;

The Society of Registered Male Nurses;

The Association of Scottish Hospital Matrons;

Royal College of Nursing (no change until the full effect of the new general nursing training syllabus is known; but considered that training should be no longer than at present and might possibly be curtailed. The Scottish Board suggest four months but that the registered general nurse should be also a state certified midwife);

The Association of Municipal Corporations;

The National Advisory Council for the Nursing Profession (Trades Union Congress).

The following organisations suggest an *increase* in the periods of training:—

The College of General Practitioners—to one year;

Ranyard Nurses—to five months from their existing period of four months;

The following organisations suggest a *reduction* in training periods:—

The British Medical Association—who would prefer six months if sufficient woman-power was available, but suggest four months as an essential minimum for the nurse with one year's post registration experience.

The Society of Medical Officers of Health—who suggest a reduction to four months for the state registered nurse with one year's hospital nursing experience;

The Scottish Branch suggest a reduction to 8/10 weeks;

The London County Council—a reduction to three months training for the state registered nurse and one month for the state registered nurse with further qualifications;

The Scottish Counties of Cities Association—a reduction to 10/12 weeks;

The Association of County Councils in Scotland—a reduction to 10 weeks for the state registered nurse;

County Councils Association—a reduction to three months for state registered nurses and two months for the registered nurses who are also midwives;

The Association of Hospital Matrons—a reduction to three months for the state registered nurse who has had two years post registration experience and to two months for the state registered nurse with a Health Visitor's Certificate.

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